

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90085 001 ***150.00

DOCUMENT # P97000075282

1. Entity Name

SHREE HARI FOOD STORE, INC.

Principal Place of Business

Mailing Address

RT. 13, BOX 917-105
LAKE CITY FL 32055

RT. 13, BOX 917-105
LAKE CITY FL 32055-8218

2. Principal Place of Business

3. Mailing Address

RR 22, BOX 2357

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE CITY

Zip

Country

Zip

Country

FL 32054 COLUMBIA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3462334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SONI, DHIMANT
RT. 13, BOX 917-105
LAKE CITY FL 32055

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SONI, DHIMANT
CITY-ST-ZIP RT. 13, BOX 917-105
LAKE CITY FL 32055

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/00

Date

904 752 4585

Daytime Phone #

CR2E034 (9/99)